The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME IX SPRING, 1953 No. 2

BUCK UP!

Back in the g. o. days when M. D.'s were confreres and Hector, while not a pup, was still a fairly young hound-dog, Walter L. Burrage could handle the business of the M. M. S. from a wheelchair with ease and satisfaction to all. Then Alexander Begg in turn assumed the Office of secretary and had no special difficulties except that now and then he lost a letter that was mailed by mistake to Bagg.

Dr. Begg died in office as did his successor Michael A. Tighe, the perfectionist from Lowell. During the latter's regime committees multiplied and the business of the Society increased so much that one day a week was not enough to keep ahead of the correspondence. The need for a full-time secretary became imperative. Dr. Tighe was persuaded to give up his practice of surgery to set this significant precedent. A week later he was dead and the business of the Secretariat died too when the efficient assistant who had kept the wheels running during these changes became too ill to continue.

Into this impasse stepped Joe Garland, leaving his last pinned diaper behind him. But before he could assimulate the new techniques with forced feeding, he was transferred to the editorial sanctum of the N. E. Journal where he was not only happier, but happily more effective. Good editors are scarcer than secretaries.

The experience gained by H. Quimby Gallupe as secretary of the Mass. State Board of Registration qualified him to serve the M. M. S. in the same capacity. He too gave up the practice of Surgery for the full-time task of scribe. He reorganized the office routine with the help of three exceptional stenographers and introduced up-to-date machines to meet the ever-increasing load. But he, also, came to an untimely end just as the Secretariat began to function as it should. Past President Dwight O'Hara agreed to help out pro tem, until another secretary could be found. Thanks go to him.

After such a succession of sad jolts and short terms, the need for a younger incumbent became obvious. Among the many fellows who have given time and thought to the interests of the Society, the Chairman of the Committee on Finance was outstanding. Robert Buck had become familiar with the various committees and their members through the preparation of many annual budgets. Further he had proved himself a good advocate in Council meetings. As to his probity, Diogenes himself would have searched no further. Naturally the officers were well pleased when Dr. Buck consented to become secretary **pro tempore.**

Since Bob Buck stepped into the breach the M. M. S. once more is a going concern. He has demonstrated an exceptional pigeon-hole type of mental habit that should make a good secretary great. Therefore, he should be continued in the office of secretary permanently for the good of the service by election at the annual meeting.

As for me, I am sure I voice the hearty agreement of the fellows of the Hampden District. We like Bob and we will vote for him come May.

S. Q. Lapius

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

This Issue 500 Copies

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Members please notify the secretary Allen G. Rice, M. D., 33 School Street, Springfield, when they enter the Armed Forces and when they are discharged.

HOBBY AHOY!

After many years the importance of the health of the nation has been recognized by cabinet status. The dream held by the A. M. A. came true on April 11th, 1953, when the Federal Security Agency was replaced by the Department of Health, Education and Welfare and Mrs. Oveta Culp Hobby took the oath as Secretary over Oscar Ewing's officially dead body. True, the health problems are grouped with those of Education and Welfare instead of being segregated, but the three are closely interrelated in life. "A recognized leader in the medical field" will be appointed to take charge of the sub-division of health, so there is hope for real progress in safeguarding the public, since the President's commission last year made the comprehensive report on the needs of the nation.

Physicians of the Hampden District will wish Madam Hobby well in her precedent-setting endeavor. It is a source of considerable satisfaction to us that the profession at last is invested with some authority to prescribe measures for improving medical care.

In the face of increasing costs, some form of voluntary prepayment insurance must be extended to include everyone in and out of hospitals. Could not nursing homes provide adequate care at smaller cost after the acute stage is past, and so release many hospital beds for other occupants? Already the number of such homes has increased to meet demands. They should be made adjuncts of all general hospitals.

A comprehensive system of medical care evolved by our own initiative should be the goal of organized medicine. At the same time it is only just that insurance to cover the costs of those who are unable to pay should be underwritten by governmental agencies whether municipal, state or federal. Unless some such solution is found, compulsory insurance for all is inevitable along with regimented medicine and inevitably lower standards.

A DATE IS A DATE IS A DATE!

The Golden Rules suggested by the A.M.A. to win the public's confidence include the admonition-'Keep ones appointments'. It is a besetting sin of our profession never to feel any compulsion to be on time, a habit that has grown because the public is so lenient with our excuses (when we trouble to make them)-an emergency call, held up at the last minute by the telephone, and other plausable reasons.

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We see this fault at its worst in the clinics, where doctors arrive anywhere from an hour to two hours late. One has only to look at the tired discouraged patients who were told to arrive early and have already spent more than half the day waiting, to know that they have cause for resentment. No account is taken by the doctors of what this loss of time means to the patients, in their plans to get home to prepare the family meal or to perform other necessary duties. Many of the clinic cases are elderly people who once had their own doctors and money to pay them, but now live on such reduced incomes they are obliged to seek medical aid. They are not the poor wretched dispensary class whom we used to see and who were used to being pushed around, instead they feel keenly at being treated as of no importance and kept waiting until sick with fatigue. There is no exaggeration in this, it happens too many times, not intentionally to be sure, but unnecessarily nevertheless. A clinic appointment is an opportunity widely sought and carries with it an obligation to the sponsor as well as to the clientele to be punctural. There's nothing that takes the heart out of a patient and loses his interest in his doctor, like having to wait.

E. C. D.

TRY A POSTMAN'S VACATION

The Saranac Symposium for G P's will be held in Saranac Lake from July 13 through 17, 1953. It is approved by the Academy of General Practice for 26 hours of formal credit for its members.

The symposium on pulmonary tuberculosis is sponsored by the Saranac Lake Medical Society that invites you and your families to enjoy a vacation in the Adirondacks at the same time. Write to Richard P. Bellaire, M. D., Tuberculosis Symposium for General Practitioners, P. O. Box 707, Saranac Lake, New York.

* Bring your bathing trunks! --Ed.

GERIATRICALLY SPEAKING

Sobering as a catafalque is the realization that one who is verging on threescore and ten needs but delve in his own past to salvage geriatric nuggets. Here is one concerning typhoid fever that used to keep A. B. Wetherell and Seth A. Lewis skipping from house to house back in those gay nineties. While searching for original accounts of the building of the Parsons Paper Co., the first such mill in the Paper City, an item was found in the **Hampden Freeman** reporting the death from typhoid fever of the Mayor of one of our Hampden communities.

The memory of that house pupil on the East Medical Service at the M. G. H. treating the Queen of Sheba snapped back into focus. The batty young woman's typhoid toxemia had served to enthrone her. The Queen refused to eat like commoners do, but a few regal meals introduced through a plebeian stomach tube persuaded her Highness to abdicate. Glad to report, we both recovered. The Cumean Sibyl may know what realm little Sheba now graces, but anyhow the nostalgic memory serves to emphasize the fact that the motile rods known then as bacilli, that swim so convincingly in a hanging drop preparation, today are pretty well immobilized at least in the civilized world. Rose spots have not presented themselves before these eyes for decades; hemorrhage and perforation no longer terrorize attendants. Instead, the Million Dollar Mermaid swims for us today and Hayworth has learned new wriggles to agitate her sevenfold veils and the viewers. There is health in us!

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RECENT ADVANCES IN DIAGNOSIS AND THERAPY

This course to be given in the fall is sponsored by the Postgraduate Medical Institute of the Massachusetts Medical Society. Similar courses are at present in progress in Boston, Fitchburg, and Fall River.

During the spring, a Committee made up of a large representative group of doctors from Hampden, Hampshire, and Franklin counties has developed the plans for this course that now have materialized to a point where definite arrangements can be made. The course will extend over a period of ten sessions on Friday nights from 7:00 - 9:00 p. m. beginning October 16, 1953 and ending December 18, 1953. The Trustees of the Holyoke Soldiers' Home have kindly allowed us to use the completely equipped auditorium for this purpose and the ample parking space about the Home.

The subjects will touch upon important aspects of practical problems in Medicine and Surgery and is designed to acquaint general practitioners and specialists alike with recent advances of value in every day practice. The speakers and participants in the teaching of the course are at present being selected by the Committee and the Postgraduate Medical Institute.

Registration for the ten session, twenty hour, course will be $25.00. Further information about this course will be circulated among the doctors of Hampden, Hampshire, and Franklin counties within the very near future. Preliminary information about the course may be obtained from Dr. William Kaufmann at The Springfield Hospital, Springfield, Massachusetts.

Editor's note: Reports from the other districts are very enthusiastic. Western Massachusetts should enjoy the sessions too.

MEDICAL READER

Perhaps it is the mellowness of old age. Perhaps it is the easing of pressure. Perhaps it is only cowardly fear, watching one's colleagues regularly leaving us. In any event may I bring to the attention of our readers two books.

"You Can Change the World" by the Reverend Father Keller is a book of universal appeal. In it he reiterates that each of us can in his own way do his part in changing our world for the better. Just as each grain of sand on the beach is unimportant, it still is one grain and the beach is still not the same beach if it fails to shine and glisten in its own clean way.

The second book is "A Man Called Peter", the life of a scotch immigrant boy, who without a formal classical orthodox education became the Chaplain of the U. S. Senate. His widow writes the story and three points seem to persistantly register with us.

First, he loved God before his wife and expected the same from her. How challenging, I still find it hard to accept.

Secondly, he taught his wife to accept God's will, even when she for two years was an invalid with tuberculosis. The morning she stopped pleading for good health but declared her acceptance of God's will, either way, she relaxed and became well.

Thirdly, as he was leaving for the hospital at 4 a. m. with a fatal coronary he said to her "I'll see you in the morning". Doesn't this cover the matter for all of us? Whatever the morning is, no one has returned to tell us, but as I write this, I too believe that "I will see you in the morning".

W. A. R. C.

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NEW HOLYOKE HOSPITAL

The new Holyoke Hospital building is approaching completion and it is expected it will be available for patient care this summer.

The new hospital will be the realization of a dream made possible by the contributions of a generous community to benefit the residents of Holyoke and surrounding environments. The hospital is a five story brick building of fire resistent construction. Floors and columns are of concrete with partitions of gypsum block construction. Basicly the building's five floors will house all of the essential facilities for both the new building and the old hospital. The first two floors will accommodate the service units and the top three floors the patients.

On the first floor, the west half will be used by the business offices, patient admissions, waiting rooms, nursing and administration offices, medical records and doctors' library, also the hospital pharmacy. A large staff meeting room is located in the central portion of the first floor and an area near the elevator will be occupied by a Coffee and Gift Shop which is to be operated by the Hospital Aid Association and the Junior League of Holyoke as a joint venture.

The entire east portion of the first floor will be occupied by the hospital laboratories and will provide adequate facilities for tissue cutting and examinations, a chemistry laboratory, a bacteriological laboratory and media room, a urinalysis laboratory and hematology laboratory and blood bank. A plasma room is also provided, also a library for the laboratory and an office for the pathologist.

On the second floor the entire west portion is devoted to surgery and provides five major operating rooms one of which is for orthopedic work and one for cystoscopy and broncoscopy. Adequate sub-sterlization and scrub-up rooms are provided between each pair of operating rooms. The east portion of the building provides an accident entrance consisting of two car garage, a minor operating room and three treatment and examining rooms. The remainder of the east portion of the second floor is devoted to the x-ray laboratories where provisions are made for two diagnostic x-ray rooms, one deep therapy room and one chest x-ray, with other refinements such as viewing rooms, a waiting room and a patient rest room with adequate toilet facilities and dressing rooms, and a central supply room.

The Accident Division can be located on the second floor of the building because the east area level of the ground is at second floor level at the point of the ambulance entrance.

The third floor is devoted to the care of obstetric patients and newborn. It has accommodations for 31 mothers in private, semi-private and ward facilities and 38 babies in five nurseries one of which is for premature infants and another for suspect cases.

The fourth and fifth floors are identical and each provides accommodations for 36 patients in private, semi-private and ward accommodations.

The modern construction of the hospital provides many refinements for better patient care and efficiency in nursing service.

There are three elevators to serve the five floors in the new building, two of which will be used for patients and visitors. The third elevator is a service elevator connecting the dietary department with each of the five floors and is located near the diet kitchen on the several patient care floors.

(Continued on Page 6)

Surgical Supply Company
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"DOCTOR DRAFT" LEGISLATION

Legislation now pending (S. 1531 and HR 4495, 83rd Congress) to extend the doctor draft law until July 1, 1955, differs considerably from the bill originally prepared by the Department of Defense. The AMA is primarily concerned over three important facets of these measures, (1) The availability of a sufficient number of physicians in priorities 1, 2 and 3 to satisfy the requirements of the armed services for the next several years obviates the necessity for registry and calling into the armed forces physicians with previous military service. The AMA, therefore, has recommended that registrants or reservists falling within the difinition of priority 4, be excused from any further liability under the doctor draft law. (2) The proposed two-year extension of the law. The AMA recommends that any continuation of the law be limited to one year in the belief that compulsory legislation may no longer be necessary after July 1, 1954. (3) It has been recommended that the special pay of $100 per month currently payable to physicians and dentists in the armed forces be limited to those persons who volunteer for active duty in excess of 24 months. The AMA believes that this $100 additional payment is justified and that its termination would drastically impair the medical corps' ability to attract volunteers.

The new bill reenacts the language of the present law with a few additions. In brief, the bill would:

(a) Define "active duty" and "active service" to include enlisted or commissioned service since Sept. 16, 1940, with the exception of time spent in special educational and training programs.

(b) Give credit for time spent in work of national importance by conscientious objectors during World War II.

(c) Recognize service between Sept. 16, 1940, and Sept. 2, 1945, in the armed services of any allied country.

(d) Exclude from liability for further duty physicians with 12 or more months of service since June 25, 1950. Distinction is made between service in World War II and service since June 24, 1950.

(e) Authorize the commissioning of non-citizens.

(f) Renew the authority of national, state and local medical advisory committees to the Selective Service System.

(g) Authorize the appointment or commissioning of medical officers in grades "commensurate with professional education, experience or ability."

(h) Terminate automatically reserve commissions of all physicians taken into service upon completion of 24 months duty.

(i) Continue, until July 1, 1955, the authority of the President to order members of the reserves to active duty with, or without, their consent.

(j) Limit to 17 months the tour of duty of members of the reserves ordered to actice duty provided they had 12 or more months of service since Sept. 16, 1940.

New Holyoke Hospital

(from page 5)

Central preparation and decentralized food service is planned for the new building.

The new hospital building connects with the old hospital building on each floor except the first floor thus providing ready access to all portions of both the old and new hospital buildings.

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McPherson Memorial Infirmary

Dear Hippocrat:

With the dedication of the new McPherson Memorial Infirmary at the Belchertown State School on May 10, 1952, a "dream" and an urgent need of some thirty years has been fulfilled. By legislative action, the building has been officially designated as a memorial to the late Dr. George Edwin McPherson, the first superintendent at the School from 1922 to 1943. Many Fellows will remember Dr. McPherson, long prominent in the field of mental retardation, both locally and nationally. He passed away in June of 1945 in retirement after a lingering illness. For over twenty years he had looked forward to the erection of an Infirmary Unit for the care of crippled, and otherwise infirm, mentally retarded individuals of all ages, but unfortunately he did not live to see his dream realized.

Actual construction got under way during the latter part of 1949, and the doors were opened to receive the first patients in January of 1952. The structure is of brick, tile, and concrete, first-class throughout, contains two stories and a ground floor, and is built in the form of a double "Y". There are eight large wards with sun rooms and porches in the wings of the "Y" and isolation facilities in the center. Total ward capacity - 224 beds and cribs. Total single isolation rooms, each complete with toilet sections -6, making a grand total capacity of 230. The first floor has been given over to the care of female patients, and the second floor for males. The ground floor contains facilities for the training of those youngsters who can benefit from classroom instruction and the industrial arts. Much of the equipment originally planned for the building has already been installed, but some is yet to come, including seventy more cribs for children. Present equipment includes fluorescent lighting throughout, two fracture beds, a portable x-ray unit, physical therapy items such as diathermy, and so on.

About one half of the necessary personnel complement for the Infirmary has been authorized to date, and eventually the total quota will consist of hospital-supervisors, head-nurses, attendant-nurses, academic-teachers, and industrial instructors. Currently 158 patients are in residence in this unit, and it is hoped that the sorely needed additional personnel will be authorized for the new State fiscal year beginning on July 1, 1953, so that cases now awaiting admission can be accepted and the facility can be utilized to its capacity.

Admissions are arranged in the usual manner through the filing of a Descriptive Application which is available upon request to physicians and the various social agencies. Names are placed upon the "Infirmary Waiting Lists", and actual admissions are then made in rotation insofar as is possible. However, the degree of urgency in any particular case, the age, the sex, and the availability of beds necessarily enter into the decision of final acceptance. In this respect, for example, all cribs for young children are filled at this writing, and since vacancies are created usually only by death (although it may be said that occasionally youngsters are taken back home for various reasons), no additional crib patients can be taken until openings present themselves or the new cribs previously mentioned have been installed. Incidentally, this is one of the essential "differences" between a "State School" and a "State Hospital" which must be borne in mind. In the latter, patients are admitted and discharged regularly, day in and day out, and "waiting lists" are non-existent. When a bed for a given youngster is available, the Super-

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intendent will then issue the necessary commitment papers to effect admission.

Any questions will be cheerfully answered. Write to the Superintendent, Belchertown State School, Post Office Box 486, Belchertown, Massachusetts.

Henry A. Tadgell, M. D.

Editor's note: A group of interested Fellows recently lunched (at nominal expense) with Dr. Tadgell who discussed problems, and then conducted a tour of the School that was well worth the effort. Others would be welcome.

SPEAK UP GERIATRICALLY!

In 1954 it is hoped and planned that the story of over three hundred years of medicine in Springfield will for the first time be correlated and printed in a book. Dr. G. L. Schadt suggests that we call it "From Saddle Bag to Hand Bag". Many willing hands are engaged in this venture. Three hundred years ago Springfield contained what is now 13 other cities and towns.

If you have any historical matter, and many of you have anecdote material, will you send such to Dr. W. A. R. Chapin. He is putting the material together and underwriting the project. Won't you take time out to consider sending him a contribution of written historical matter which you may have. Anything in your own lifetime is historical for such a venture as this. It may be later than you think. Let's do a credible job while we can.

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